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UNFPA AND SECTOR-WIDE APPROACHES

INTRODUCTION

1. The Executive Board at its 1998 annual session requested the Executive Director to submit to the Board a conference room paper on sector-wide approaches (SWAps). This report considers SWAps in the health sector and focuses on the implications of this approach for UNFPA. It should be noted that SWAps are also being used in the education and agriculture sectors. The preparation of this report has benefitted from consultations with a wide range of concerned partners, other United Nations agencies, the World Bank, bilateral donors and civil society groups, and has drawn on the reports of experiences in countries undertaking health-sector SWAps. In this connection, the UNICEF publication, *An Information Note on SIPs and SWAps*, has been a valuable reference.

I. THE EVOLUTION OF THE SECTOR-WIDE APPROACH

2. The terms Sector-wide Approaches (SWAps) and Sector Investment Programs (SIPs) refer to integrated, sector-wide development programmes that call for a new type of partnership among Governments, donors, development banks, the private sector, and wider civil society. As SIPs are usually associated with World Bank initiatives and specific financial arrangements, this report uses the more generic term, SWAps. The SWAps concept assumes collaboration in the design and implementation of a Government-led, coherent, sectoral policy and programme that will result in more rational resource allocation, in line with national health priorities, and in improved health and human development, especially for the poorest and most vulnerable groups in society. The SWAps modality is designed to bring a more coordinated approach to sector financing by moving away from project-based development, which has proved less than satisfactory to both countries and donors. SWAps seek to address the following concerns: a lack of clearly defined sectoral outcomes and performance measures; heavy time and cost burdens of multiple funding and reporting systems; weak

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management of public expenditures; and a skewed distribution of scarce resources leading to "islands of excellence" that are not accessible to all those in need.

3. SWAps call for much greater discussion and interaction among donors, whose procedures have tended to encourage donors to operate in isolation from one another and in an exclusive relationship with Governments. To foster an increased understanding of the sectoral approach among donors, bilateral and multilateral agencies have met in a series of informal meetings over the past two years in Copenhagen, Dublin, and Helsinki. This has led to the formation of an International Working Group on Sector-Wide Approaches for Health Development to monitor developments in health-sector SWAps and the publication of *A Guide to Sector-wide Approaches for Health Development*. UNFPA is an active member of the Working Group and of two sub-groups on multisectoral dimensions of health and human development and on priority programmes and health outcomes, in which WHO has played a leading role. The Working Group liaises with the Special Programme of Assistance for the Low-Income Debt-Distressed Countries in Sub-Saharan Africa, a group of 22 donor countries and international development agencies providing assistance to 31 countries undergoing economic reforms, and with the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD).

4. The SWAp modality is congruent with a number of other initiatives seeking to promote country ownership of development strategies and to enhance donor collaboration -- for example, the United Nations Development Assistance Framework (UNDAF) and the World Bank's Comprehensive Development Framework. Currently, a sub-group of the United Nations Development Group (UNDG) is delineating a strategy to work with Governments, the World Bank, regional development banks, and bilateral and other aid agencies on sector-wide approaches. This will provide practical guidance to Resident Coordinators and country teams on SWAps within the context of UNDAF and the Common Country Assessment (CCA). UNFPA participates in the UNDG sub-group on sector-wide approaches.

5. A consensus appears to be emerging as to the essential elements of a SWAp, namely: a sectoral policy framework and an operational work programme with clearly defined strategies; priorities and outcomes defined jointly by the Government and its donor and civil society partners; sector-wide financing and expenditure plans; a common management, monitoring and evaluation system; and an emphasis on local capacity building and institutional reform. Experience so far also suggests that these elements are ideal conditions towards which a sector may gradually progress. SWAp design and implementation require extensive dialogue among potential partners, careful forward planning, a transition phase to ensure that already functioning services are not immobilized before new systems are in place, and patience in looking for long-term results. Recurring issues in SWAp preparation and implementation include definition of and agreement on shared results and performance indicators and evaluation methodologies; elimination of funding gaps; and the most

appropriate modalities for institutional reform. For UNFPA a major concern is to ensure that reproductive health is an integral part of the SWAp package.

6. Originally, the "common basket", i.e., the pooling of donor and Government resources, was seen as an essential element of the SWAp and was considered to be one of its most controversial elements. As the use of this modality has become more widespread, greater flexibility regarding funding arrangements has developed; partial pooling of donor monies and parallel financing are frequently observed. SWAps are increasingly "tailor made" to respond to the particular circumstances in a country, and it has come to be accepted that "one size does not fit all". In Ethiopia, for example, there are three possible channels for donor financing of the health SWAp - - a common basket; direct contributions to regions, districts and other beneficiaries; and programme support with assistance being provided through ministries and government departments. UNFPA is considering funding through the last of these channels, together with UNDP and WHO.

7. To date, very few SWAps have advanced beyond the planning stage. The Bangladesh health sector has had a formal co-financing arrangement since 1976, but the dominant role of the donor community distinguishes this from the current SWAp concept. Ghana and Zambia are the two African countries with the longest experience of introducing SWAps within the context of health-sector reform, beginning in the early 1990s. Despite political commitment in both countries, the introduction of SWAps has been a long, costly, and time-intensive process. Some problem areas have been the sustainability of funding contributions to the common basket; ensuring financial accountability; and timely distribution of funds to sustain essential services, especially in the context of decentralization. Several countries, including Ethiopia, Guinea, Mali, Mozambique, and the United Republic of Tanzania, are currently considering moving towards SWAps, and in each country the modality is taking a different form as potential partners work towards consensus.

8. SWAps may or may not be introduced in the context of health-sector reform, which can include decentralization, the vertical and horizontal integration of health services, policies to increase the contribution of private and non-governmental organizations (NGOs) to health-care provision, and application of cost-recovery mechanisms. Health-care reform is often introduced as part of a broader programme of structural adjustment and calls for the development of new policies and programmes, new management and professional skills on the part of health providers, and a greater community contribution. While some argue that SWAps are likely to be more successful in countries that have a track record of introducing reform, experience also shows that user fees and the downsizing of government services can penalize the poor, especially women, both as the consumers and providers of health services. On the other hand, the integration of services can improve access to comprehensive reproductive health care. Decentralization can have mixed effects: it can make services more responsive to local needs, but also increases the number and range of institutions and individuals involved in decisions to give priority to reproductive health programmes.

II. UNFPA AND SECTOR-WIDE APPROACHES IN HEALTH

9. UNFPA's reproductive health mandate. As the lead agency in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), UNFPA has a clear mandate to advance this programme. The Executive Board has endorsed reproductive health, including sexual health and family planning, as one of the three priority areas for UNFPA (decision 95/15). While this mandate suggests that it is a priority for UNFPA to develop partnerships within the health sector, this does not preclude the Fund's future involvement in other sectors, such as education, as part of efforts to create an enabling environment for reproductive health programming.

10. Key issues. UNFPA has participated in the SWAp process in several countries, including Ethiopia, Ghana, Guinea, Madagascar, United Republic of Tanzania, and Zambia, and has been instrumental in bringing reproductive health issues to the fore in these consultations. The Fund's participation in SWAps can strengthen its role in assisting Governments in health policy design and strategic planning and in integrating reproductive health and gender concerns into a more effective sector-wide health programme. UNFPA will, however, need to ensure that it is able to fulfill its mandate more effectively than through existing systems, and that there is adequate Government accountability for the use of UNFPA contributions. UNFPA support to health-sector programmes must go towards promoting reproductive health and rights and gender equality and equity, and protecting the interests of especially vulnerable groups. Such support will have to take into account the multisectoral dimensions of reproductive health and the strong partnerships that UNFPA has developed with the wider civil society, especially with NGOs, as well as with all United Nations and multilateral partners. UNFPA must also ensure that SWAps allow sufficient financial accountability; provide for the measurement of outcomes and performance; and do not place too great a burden on national staff or on UNFPA's own staff. The effective management of SWAps will call for local capacity building, improved data collection and analysis, and stronger health infrastructures to ensure the availability and quality of reproductive health services. All of these key concerns will need to be considered as UNFPA decides on its future involvement with SWAps.

11. Integrating reproductive health. In participating in a health SWAp, UNFPA would seek to ensure that adequate attention is paid to reproductive health concerns and to the wide availability of quality, gender-sensitive, reproductive health services. This presents formidable challenges given the range of health issues covered in SWAps, and also since the implementation of the ICPD Programme of Action is still in its early stages. While health-sector SWAps may provide an effective mechanism to introduce reproductive health into national health policy, there are many issues competing for attention in a limited resource situation. In addition, the sometimes complex and/or sensitive nature of some issues, such as adolescent reproductive health services, reproductive tract infections, HIV/AIDS, and post-abortion care, means that such issues may not always be viewed as priorities for

public spending. The Fund's participation in dialogues with Governments and donors from the earliest stages of policy development can help draw attention to these issues and encourage discussion on the ethical aspects of reproductive health care. UNFPA can support the participation of a wide range of members of civil society in the process of policy development and priority setting. UNFPA can also share experiences and lessons learned from other countries, including the findings of the five-year review of the implementation of the ICPD Programme of Action, to help Government and other stakeholders design policies and strategies that adequately address the complexities of reproductive health programmes. For example, UNFPA-supported programmes can share lessons on how to address female genital mutilation in a culturally appropriate manner, or how to integrate the management and treatment of reproductive tract infections into community health programmes.

12. Developing health infrastructures. Many of the countries in which UNFPA works have fragile health infrastructures with limited human and financial resources. The successful delivery of reproductive health services depends on the effective operation of the wider health system, including sufficient trained staff and well-equipped community health services; functioning logistics and procurement facilities; and efficient management information systems. In many countries this ideal situation does not exist. UNFPA can both contribute to and benefit from the investments that SWAps will make in ensuring a more efficient health system into which reproductive health is integrated.

13. Capacity-building. UNFPA's participation in a health-sector SWAp will involve a major investment in local capacity-building, with special attention to enhancing skills in designing, implementing and monitoring reproductive health programmes. A first stage would be to help Governments define their priority needs for capacity-building initiatives, through institutional capacity assessments, workshops and national dialogue with NGOs, and to design specific interventions that relate to capacity gaps. This should lead to more focused and effective donor assistance. Areas for building capacity might include research design and analysis, strategic planning, priority setting, budget formulation, financial and programme management, team building, problem solving, and performance assessment. Technical-capacity building could include familiarization with the broad range of reproductive health issues, and the design and implementation of gender-sensitive reproductive health programmes. A critical aspect in strengthening SWAp partnerships would be to help Governments adopt a more participatory approach to decision making and to engage the resources of wider civil society. Effective capacity-building will require long-term investment and a willingness among donors to work together to ensure that efforts are complementary in terms of focus and objectives, and reach beyond a small pool of central players. UNFPA can also encourage Governments to pay special attention to strengthening women's capacity to take on key management responsibilities.

14. Availability and quality of services. SWAps can sometimes reinforce a top-down approach to planning when policy development and priority setting take place principally at the central level,

and when there is inadequate consultation with key stakeholders and local communities. Insufficient attention may be paid to local priority needs and to building local commitment and expertise to address them. Local health personnel are often more familiar with implementing specialized family planning programmes, and sometimes work within an environment that may be unsupportive of a comprehensive reproductive health approach. This calls for intensive local advocacy and capacity building for implementation of a minimum package of services, of which reproductive health, including sexual health, maternal care and safe delivery, should be an integral part. The management and prevention of reproductive tract infections and of HIV/AIDS, for example, will require not only new technical knowledge and skills, but also a new focus on gender-sensitive counselling, including attention to sexuality, family and gender-based violence, ethics and values, reproductive rights, and the social and cultural context in which reproductive health decisions are made. It will be important to make sure that there are sufficient well-trained staff, equipment, and supplies to ensure that there is no dilution in the quality of existing services. SWAps should also include mechanisms to monitor local government programmes and to ensure that the experience of local implementation is fed into fine-tuning and, if necessary, modifying sector-wide programmes and financial procedures.

15. Stakeholder participation. The ICPD Programme of Action calls for the active participation of partners outside the Government health sector in the promotion of reproductive health. While UNFPA's major role remains in providing direct support to Governments, the Fund makes an important contribution to expanding an active and involved civil society and to building and maintaining an enabling environment. UNFPA has increasingly extended support beyond Governments and United Nations executing agencies to actors in the wider community, including women's associations and NGOs. Every effort should be made to ensure that NGOs, community associations, and research and advocacy groups are recognized as essential partners in the health sector, and contribute to the development of the sectoral policy framework and to the design and implementation of the sectoral programme. These organizations have a crucial role to play in information, education, training, counselling, advocacy, and policy and programme monitoring. Information and advocacy among religious, educational, and community leaders outside government would also significantly influence reproductive health decision-making at individual, family and community levels.

16. Gender mainstreaming. As gender equity and equality are central to reproductive health, UNFPA contributions in the SWAp preparation stage can help Governments to identify outcomes, indicators and programme strategies that adequately address the special reproductive health needs and roles of women and the gender imbalance in reproductive health decision-making. This will mean going beyond token projects for women that have limited expenditure and impact, and sometimes further disadvantage women by adding extra burdens in terms of time and effort. Governments should seek ways to encourage the active participation of women in the preparation of policies and budgets and to examine more closely women's role as key reproductive health actors, both as

producers and as consumers of health services, especially in the informal sectors. They should also pay special attention to the needs of women of all ages and to the roles and responsibilities of men as well as their full involvement in promoting reproductive health. Policies and budgets will also need to recognize the costs of not taking gender into account, in terms, for example, of the impact on social and economic development of maternal morbidity and mortality, unplanned fertility, and loss of social and economic output. So far, there have been few explicit attempts to include gender analysis in sector policy and programme guidelines. The Bangladesh health-sector programme represents the clearest attempt to address gender inequalities by encouraging women's contribution at all stages of the programme, strengthening the involvement of men in health and family planning, and channeling resources to women and children in greatest need.

17. Safeguarding vulnerable groups. SWAps must take into account the interests of the poorest and most vulnerable groups, including women, children, and adolescents. These groups have the least access to government or private health-care services and in many countries depend largely on traditional health-care providers. When SWAps are introduced together with health-sector reform, especially when the latter involves downsizing staff and cost recovery, Government health services can become even less accessible to those most in need. This increases the demand on the providers of informal, unpaid health care. UNFPA can work to promote the representation of these interest groups, including those women who are the de facto unpaid health care providers in poor communities, in the development, implementation and monitoring of SWAps. UNFPA can help Governments in developing gender-, age- and need-specific programmes and setting ethical standards that protect the human rights and interests of under-served groups, and ensure that they enjoy equal access to high-quality health care.

18. Multisectoral approaches. Reproductive health is essentially a multisectoral concept that goes beyond the provision of health services and requires parallel interventions outside the health sector, as well as collaboration among sectors. Improvements in reproductive health, for example, are linked to the provisions of statutory, customary and religious law and to educational and economic opportunities for women and girls. Advocacy, with its aim of creating an enabling environment for gender equality and reproductive health, is essentially concerned with building up a dialogue and consensus among different sectors and focuses on the legislative as well as the executive branches of government. The collaboration of the health sector with other sectors, including youth, education and employment, is essential to fulfilling UNFPA's mandate. The private sector can also contribute to reproductive health information and services in a variety of ways, including funding, the supply of commodities and services, social marketing, and the provision of new channels for information dissemination, and can complement services available within the Government health sector.

19. Donor collaboration. SWAps require and strengthen UNFPA's active collaboration at the country level with other donor partners, including United Nations agencies, development banks, and

bilateral and private-sector donors. The UNDAF process, including the CCA, and the design of the proposed World Bank Comprehensive Development Framework encourage dialogue and more concerted action among donor partners, including a joint diagnosis and the definition of shared outcomes and indicators. Donor collaboration is crucial in ensuring that improved reproductive health is a common desired outcome and that there is agreement on a clear set of indicators and the tools needed to monitor progress in these indicators. UNFPA's own Country Population Assessment, which calls for the active involvement of Government and civil society in mapping the progress made by a country in achieving ICPD goals, will make an important contribution to the joint definition of appropriate reproductive health indicators and performance measures.

20. Data collection, analysis and use. Governments will have to invest in improving relevant knowledge bases for monitoring and evaluation and in setting up sector-wide management information systems. UNFPA can encourage the collection of baseline reproductive health information and gender-disaggregated data to ensure adequate monitoring. Given the limitations of census, vital registration and service data in many countries, it may be necessary to support alternative methods of generating information on health-seeking behaviour, on the cultural, economic, and gender factors affecting sexual and reproductive health, and on outputs and outcomes. This can include operational research, surveys and model-based estimates, and more qualitative research approaches. Special attention should be paid to proxy indicators for priority reproductive health areas in which there are very limited national data such as on maternal mortality. An adequate data system will involve building research skills within the health sector and cementing working partnerships with NGOs and research organizations outside the sector. For example, development NGOs might include data collection on gender and reproductive health issues in community-based research, and local advocacy groups and women's organizations might gather information on family and gender-based violence that will contribute to the design and testing of more responsive programmes. Private and professional organizations can also contribute data to the establishment of an information base on reproductive health. The active involvement and input of these organizations in the health sector would contribute to developing a more appropriate policy framework, as well as broadening and diversifying the knowledge base for the monitoring and evaluation of health programmes.

III. ACCOUNTABILITY

21. Monitoring and evaluation. SWAp policy frameworks have paid more attention to reaching consensus on broad sectoral outcomes than to the monitoring and evaluation of the programme outputs through which these results will be achieved. UNFPA can encourage a review of sectoral outcomes within the context of the ICPD Programme of Action. UNFPA can also make a special contribution to the measurement of programme performance, as it has institutionalized a logical framework (logframe) technique to promote a systematic and logical approach to programme analysis, planning, implementation, monitoring and evaluation in three sub-programme areas,

including reproductive health and advocacy. The Fund, in collaboration with other United Nations agencies, NGOs, and academic institutions, has developed a set of indicators for monitoring population and reproductive health programmes. The logframe can be a useful tool for all SWAp partners in translating broader health policy statements into concrete programmes. This will require extensive discussion to reconcile the logframes and other performance measures used by different agencies to ensure coherence and uniformity, or to contribute to the elaboration of a Government logframe that specifies jointly funded activities and outputs and well as broader outcomes. UNFPA can encourage regular monitoring to ensure programme implementation, with the recognition that it may take several years for the Government to be in a position to show results.

22. Financial accountability. SWAps have different funding and financial reporting arrangements that include parallel donor funding and financial reporting; parallel funding with common reporting; and the "common basket" system, which calls for pooled funding with common financial reporting. Parallel donor funding and financial reporting essentially retain separate donor procedures, but with greater coordination of individual donor programmes under a Government umbrella. This would allow UNFPA to retain current programme funding and reporting mechanisms, within the context of close collaboration with United Nations and other donor agencies. With the present national execution arrangement, the Government assumes overall responsibility and legal accountability for the management of UNFPA-funded projects, including the quarterly submission of financial reports for each project, and periodic audits. Parallel funding with a common reporting system or UNFPA contribution to a common basket would probably call for a review of current financial management and reporting systems. Under a common financial reporting system it may only be possible for UNFPA to receive notification of the overall total amounts required and expended for the period under review. It may be difficult to estimate UNFPA-specific balances in hand or to ascertain interest amounts on bank accounts accruing to UNFPA. So far, the "common basket" has been established only in Ethiopia, Ghana, and Zambia, and not all donors participate in this system. Government decentralization can introduce further complications, especially when this involves a devolution of authority in the management and financing of health programmes. As some donors may be unable or unwilling to provide funding directly to district-level health baskets, funding will have to pass through the central ministry, which will have to coordinate contracts and complex performance and financial reporting systems that may not permit individual donor accountability. This may be difficult for UNFPA without a revision of current financial reporting requirements.

IV. CONCLUSIONS

23. UNFPA is closely following developments in the SWAps field and is open to participation in the SWAps process. UNFPA field offices have been active partners in national dialogues around both health-sector reform and the introduction of SWAps in several countries, including Guinea, Madagascar, Malawi, Mali, Mozambique, and the United Republic of Tanzania. In countries where

SWAp implementation is more advanced, such as Ethiopia, Ghana, and Zambia, UNFPA has developed close working partnerships with the Government and other donors, although the Fund has not yet contributed to common funding mechanisms. The demands on time and specialist expertise pose sometimes great challenges to small UNFPA country offices that are already overstretched with multiple demands.

24. UNFPA sees SWAps as a potential vehicle to help Governments strengthen the basic health-care system that is essential to reproductive health service delivery. As more Governments and donors begin to contemplate a move towards a sector-wide approach, it is advisable for UNFPA to continue to participate in the initial policy-making and planning stages to encourage greater attention to reproductive health and gender issues in the programme. This can include a review of ICPD goals, and help in translating these into sectoral programmes, with appropriate shared outcomes and indicators. UNFPA might invest at a modest level in SWAps from the outset to ensure full participation with other stakeholders in the whole reform process, including the establishment of a solid health infrastructure to provide reproductive health services. For example, UNFPA might offer support for improving logistics, developing human resources and establishing data collection and monitoring systems. To be able to do this, field offices will need to draw on additional expertise.

25. Given the wide variations in SWAps, even in their early stages, details of UNFPA's participation would be determined by the particular country context. Recent experience suggests that the pooling of all donor funds may not be necessary and that other funding arrangements may be developed to allow for greater accountability for individual contributions. It seems likely that in some SWAps there will still be a place for funding specific subprogrammes within the wider context of government priorities.

26. As yet, UNFPA has not pooled its resources into a "common basket" of health-sector SWAps. A major issue is to ensure that the common management and reporting on donor resources will guarantee UNFPA sufficient accountability for the use of its funds. UNFPA's concern is to demonstrate that its resources have been used for activities consonant with its mandate and consistent with its programme priorities, which means that the content of the programmes must include reproductive health. Current discussions at country level suggest the development of a memorandum of understanding between government and donors in which financial accountability mechanisms, including financial statements and regular audits, are defined and agreed upon. National accountability mechanisms would need to be made transparent to UNFPA and to the rest of the donor community. This should include, for example, codes of conduct on non-expended balances; interest accruing from UNFPA in Government bank accounts; and UNFPA action in the event of non-implementation of planned activities. Audits would examine the overall management system, and not specifically the management of UNFPA funds. Some of these steps might require a review

and possible modification of UNFPA's existing financial management system, and the approval of the Executive Board.

27. UNFPA participation in SWAps need not preclude its support to organizations outside the Government health sector, or to other sectors, within the broad context of Government priorities. UNFPA would seek to continue its support for NGOs, university research centres, and advocacy organizations. While it is possible to provide support to NGOs through funding to governments, it could also be argued that this might sometimes compromise the autonomy of NGOs in their monitoring and advocacy roles. Support to the non-governmental sector and wider civil society can play a vital role in testing new approaches and interventions in reproductive health that might later be applied to the broader sector. UNFPA's participation in health SWAps should also not rule out support to other sectors, such as education and social welfare, that are essential to reproductive health, as well as to intersectoral initiatives.

28. UNFPA's effective participation in SWAp planning and implementation would call for training to build awareness and capacities among its own staff, including strengthening skills in policy analysis, programming and financial management. The Fund also recognizes the need to provide guidance to and share experiences among country offices. SWAp participation, including developing the policy framework, identifying local capacity-building needs, strengthening donor networks, defining common indicators, and monitoring sector programmes and financial inputs, can make extensive demands on staff time, especially in small field offices. There will be a need to draw on experts from other sources, and also to work closely with partners in the United Nations system, for example, UNICEF, WHO, the World Bank, regional development banks, and the UNDG.

29. Any consideration of the next steps for UNFPA must take into account that experience with SWAp execution is very limited, that few SWAps have developed beyond the planning stage, and that they are so far being implemented in only a few countries where UNFPA works, notably Ethiopia, Ghana, and Zambia. It is therefore advisable for UNFPA to proceed proactively but yet cautiously, documenting and building on its own in-country experiences as well as on the experiences shared by other donors and Governments. UNFPA will benefit from continued dialogue and collaboration with other donors at country and global level, in order to share lessons learned and to develop joint strategies for more effective partnership in SWAp implementation.

V. RECOMMENDATION

30. The Executive Board may wish to take note of the report contained in document DP/FPA/1999/CRP.1 and encourage UNFPA to continue to participate in SWAp exercises in the health sector in accordance with its mandate, recognizing the need to ensure accountability for the use of its financial inputs. The Board may also wish to underscore the need for UNFPA to monitor its experiences in such undertakings.

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